U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 4462

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

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Name TOW A HONON CYSON	Name Flymbers + Steam Gitters Walt
	Labor Organization File Number 629/3-9
	Label Organization in its Humber Cys.
O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
treet 2022 Omnos 72	Street 3747 S. High School RA
in Shelbyville	City Indianapolis
tate ZIP Code + 4 441710	State IN ZIP Code + 4 4 Cary
The second secon	211 3333 1
Position in labor organization. Teahatra Can	m/ motivator
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests Isions set forth in the instructions):
Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic hopefit of
onetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
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en man de la company de la com	- the state of the
rade Name, if any:	
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	7.b. Amount.
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P.O. Box, Bldg., Room No., if any Street Sity State ZIP Code + 4	
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign	ature
P.O. Box, Bldg., Room No., if any  Street  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the
City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the
Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
P.O. Box, Bldg., Room No., if any  Street  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)

Name of Person Filing	File Number <b>U</b> -
B. Held an interest infor derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any):	9. Business tleats with
Name approprie Education #440VA	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any 70 50x 20125	b. Trust
Street 2504 E 544 54	с. Emptoyer
city Indianapolis	A THE CONTRACTOR OF THE CONTRA
State ZiP Code + 4 WOOD	
y 9a. 1 1. ja 11. ja	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name of a second	11.2. Nature of Sush dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State : ZIP Code + 4	The second of the control of the con
	Instructor wages
	man man en la estada en 1942 de 1945 d
	12.b. Amount.
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	more a
City	
State ZIP Code + 4	The first Consolid Interference time steems with a little bins eight word in everyor this
42 to the Charles on Personal Control	14.b. Amount of payment.
13.b. Is the Business an Employer	the same and the s